

114TH CONGRESS  
2D SESSION

# H. R. 3680

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## AN ACT

To provide for the Secretary of Health and Human Services  
to carry out a grant program for co-prescribing opioid  
overdose reversal drugs.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Co-Prescribing to Re-  
3 duce Overdoses Act of 2016”.

4 **SEC. 2. OPIOID OVERDOSE REVERSAL DRUGS PRE-**  
5 **SCRIBING GRANT PROGRAM.**

6 (a) ESTABLISHMENT.—

7 (1) IN GENERAL.—Not later than 6 months  
8 after the date of the enactment of this Act, the Sec-  
9 retary of Health and Human Services may establish,  
10 in accordance with this section, a 5-year opioid over-  
11 dose reversal drugs prescribing grant program (in  
12 this Act referred to as the “grant program”).

13 (2) MAXIMUM GRANT AMOUNT.—A grant made  
14 under this section may not be for more than  
15 \$200,000 per grant year.

16 (3) ELIGIBLE ENTITY.—For purposes of this  
17 section, the term “eligible entity” means a federally  
18 qualified health center (as defined in section  
19 1861(aa) of the Social Security Act (42 U.S.C.  
20 1395x(aa)), an opioid treatment program under part  
21 8 of title 42, Code of Federal Regulations, any prac-  
22 titioner dispensing narcotic drugs pursuant to sec-  
23 tion 303(g) of the Controlled Substances Act (21  
24 U.S.C. 823(g)), or any other entity that the Sec-  
25 retary deems appropriate.

1           (4) PRESCRIBING.—For purposes of this section  
2           and section 3, the term “prescribing” means, with  
3           respect to an opioid overdose reversal drug, such as  
4           naloxone, the practice of prescribing such drug—

5                   (A) in conjunction with an opioid prescrip-  
6           tion for patients at an elevated risk of overdose;

7                   (B) in conjunction with an opioid agonist  
8           approved under section 505 of the Federal  
9           Food, Drug, and Cosmetic Act (21 U.S.C. 355)  
10          for the treatment of opioid abuse disorder;

11                  (C) to the caregiver or a close relative of  
12          patients at an elevated risk of overdose from  
13          opioids; or

14                  (D) in other circumstances, as identified  
15          by the Secretary, in which a provider identifies  
16          a patient is at an elevated risk for an inten-  
17          tional or unintentional drug overdose from her-  
18          oin or prescription opioid therapies.

19          (b) APPLICATION.—To be eligible to receive a grant  
20          under this section, an eligible entity shall submit to the  
21          Secretary of Health and Human Services, in such form  
22          and manner as specified by the Secretary, an application  
23          that describes—

24                  (1) the extent to which the area to which the  
25          entity will furnish services through use of the grant

1 is experiencing significant morbidity and mortality  
2 caused by opioid abuse;

3 (2) the criteria that will be used to identify eli-  
4 gible patients to participate in such program; and

5 (3) how such program will work to try to iden-  
6 tify State, local, or private funding to continue the  
7 program after expiration of the grant.

8 (c) USE OF FUNDS.—An eligible entity receiving a  
9 grant under this section may use the grant for any of the  
10 following activities, but may use not more than 20 percent  
11 of the grant funds for activities described in paragraphs  
12 (4) and (5):

13 (1) To establish a program for prescribing  
14 opioid overdose reversal drugs, such as naloxone.

15 (2) To train and provide resources for health  
16 care providers and pharmacists on the prescribing of  
17 opioid overdose reversal drugs, such as naloxone.

18 (3) To establish mechanisms and processes for  
19 tracking patients participating in the program de-  
20 scribed in paragraph (1) and the health outcomes of  
21 such patients.

22 (4) To purchase opioid overdose reversal drugs,  
23 such as naloxone, for distribution under the program  
24 described in paragraph (1).

1           (5) To offset the co-pays and other cost sharing  
2       associated with opioid overdose reversal drugs, such  
3       as naloxone, to ensure that cost is not a limiting fac-  
4       tor for eligible patients.

5           (6) To conduct community outreach, in con-  
6       junction with community-based organizations, de-  
7       signed to raise awareness of prescribing practices,  
8       and the availability of opioid overdose reversal  
9       drugs, such as naloxone.

10          (7) To establish protocols to connect patients  
11       who have experienced a drug overdose with appro-  
12       priate treatment, including medication assisted  
13       treatment and appropriate counseling and behavioral  
14       therapies.

15       (d) EVALUATIONS BY RECIPIENTS.—As a condition  
16   of receipt of a grant under this section, an eligible entity  
17   shall, for each year for which the grant is received, submit  
18   to the Secretary of Health and Human Services informa-  
19   tion on appropriate outcome measures specified by the  
20   Secretary to assess the outcomes of the program funded  
21   by the grant, including—

22           (1) the number of prescribers trained;

23           (2) the number of prescribers who have co-pre-  
24       scribed an opioid overdose reversal drug, such as  
25       naloxone, to at least one patient;

1           (3) the total number of prescriptions written for  
2           opioid overdose reversal drugs, such as naloxone;

3           (4) the percentage of patients at elevated risk  
4           who received a prescription for an opioid overdose  
5           reversal drug, such as naloxone;

6           (5) the number of patients reporting use of an  
7           opioid overdose reversal drug, such as naloxone; and

8           (6) any other outcome measures that the Sec-  
9           retary deems appropriate.

10          (e) REPORTS BY SECRETARY.—For each year of the  
11          grant program under this section, the Secretary of Health  
12          and Human Services shall submit to the appropriate com-  
13          mittees of the House of Representatives and of the Senate  
14          a report aggregating the information received from the  
15          grant recipients for such year under subsection (d) and  
16          evaluating the outcomes achieved by the programs funded  
17          by grants made under this section.

18          **SEC. 3. PROVIDING INFORMATION TO PRESCRIBERS IN**  
19                               **CERTAIN FEDERAL HEALTH CARE AND MED-**  
20                               **ICAL FACILITIES ON BEST PRACTICES FOR**  
21                               **PRESCRIBING OPIOID OVERDOSE REVERSAL**  
22                               **DRUGS.**

23          (a) IN GENERAL.—Not later than 180 days after the  
24          date of enactment of this Act, the Secretary of Health and  
25          Human Services (in this section referred to as the “Sec-

1   retary”) may, as appropriate, provide information to pre-  
 2   scribers within federally qualified health centers (as de-  
 3   fined in paragraph (4) of section 1861(aa) of the Social  
 4   Security Act (42 U.S.C. 1395x(aa))), and the health care  
 5   facilities of the Indian Health Service, on best practices  
 6   for prescribing opioid overdose reversal drugs, such as  
 7   naloxone, for patients receiving chronic opioid therapy, pa-  
 8   tients being treated for opioid use disorders, and other pa-  
 9   tients that a provider identifies as having an elevated risk  
 10   of overdose from heroin or prescription opioid therapies.

11       (b) NOT ESTABLISHING A MEDICAL STANDARD OF  
 12   CARE.—The information on best practices provided under  
 13   this section shall not be construed as constituting or estab-  
 14   lishing a medical standard of care for prescribing opioid  
 15   overdose reversal drugs, such as naloxone, for patients de-  
 16   scribed in subsection (a).

17       (c) ELEVATED RISK OF OVERDOSE DEFINED.—In  
 18   this section, the term “elevated risk of overdose” has the  
 19   meaning given such term by the Secretary, which—

20           (1) may be based on the criteria provided in the  
 21       Opioid Overdose Toolkit published by the Substance  
 22       Abuse and Mental Health Services Administration  
 23       (SAMHSA); and

24           (2) may include patients on a first course opioid  
 25       treatment, patients using extended-release and long-

1       acting opioid analgesics, and patients with a res-  
2       piratory disease or other co-morbidities.

3   **SEC. 4. AUTHORIZATION OF APPROPRIATIONS.**

4       There is authorized to be appropriated to carry out  
5   this Act \$5,000,000 for the period of fiscal years 2017  
6   through 2021.

7   **SEC. 5. CUT-GO COMPLIANCE.**

8       Subsection (f) of section 319D of the Public Health  
9   Service Act (42 U.S.C. 247d–4) is amended by inserting  
10   before the period at the end the following: “(except such  
11   dollar amount shall be reduced by \$5,000,000 for fiscal  
12   year 2018)”.

Passed the House of Representatives May 11, 2016.

Attest:

*Clerk.*





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